

**IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF
TENNESSEE**

ZENA RAYFORD,

Plaintiff,

vs.

NO.

THE STANDARD INSURANCE COMPANY

Defendant

COMPLAINT

Comes now your Plaintiff Duane Estill, by and through counsel, and sues the Defendant, The Standard Insurance Company (herein Standard) and for cause of action states and show the Court as follows:

1. The Plaintiff Zena Rayford, is a resident of Memphis, Shelby County, Tennessee;
2. That at all times herein mentioned, Standard is a foreign corporation with its principal place of business in Oregon. The Defendant's agent for service of process is The Tennessee Commissioner of Insurance, Davy Crockett Tower, Suite 500, Nashville, Tennessee 37243-0565;
3. This court has jurisdiction pursuant to 28 USC §1332(a). There is diversity of citizenship between the parties and the amount in controversy exceeds one hundred thousand dollars. Therefore, subject matter jurisdiction exists in this cause of action;
4. This is a civil action to recover long term disability benefits pursuant to section 502 (a) of the Employee Retirement Income Security Act of 1974 (ERISA);

5. On April 4, 1994, the Plaintiff became a policyholder of a long-term disability policy with The Standard Insurance Company; The group number is 642998 and the policy number is 00086503;
6. On June 26, 2004, the Plaintiff became "Disabled" and is eligible for benefits, The Defendant paid benefits from July 10, 2004 until January 26, 2005. The maximum benefit period for Short Term Disability is twenty-six (26) weeks;
7. The Plaintiff then filed a claim for Long Term Disability which were denied;
8. The Plaintiff has been diagnosed with Sleep Apnea, Coronary Atherosclerotic Heart Disease, Neurocardiogenic Syncope, Pulmonary Hypertension, Hyperlipidemia, Chronic Obstructive Pulmonary Disease, Pulmonary Fibrosis, Spinal Stenosis, Scoliosis, lower back pain and left knee pain;
9. On or about February 1, 2006 the plaintiff appealed this decision and the Defendants affirmed the denial on April 28, 2006,
10. The Plaintiff's medical condition renders her "Disabled" as defined in "DEFINATION OF DISABILITY" under the group policy in question;
11. The Plaintiff has appealed all denials of her application for disability benefits and all administrative remedies have been exhausted;
12. The Defendant has failed and neglects to pay benefits under said policy and plan which benefits amounting to sixty-six and two-thirds (66 $\frac{2}{3}$) of the Plaintiff's gross monthly income for each month she is unable to engage in material and substantial employment duties,
13. There will be additional benefits due after the filing of this lawsuit as the Plaintiff remains disabled

WHEREFORE, the Plaintiff prays for a judgment against the Defendant for all accrued benefits, for any additional months she is disabled under the policy, for prejudgment and post judgment intent for attorney fees and other relief the courts deems proper

Respectfully submitted,

S/John E. Dunlap
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